

## CJA 30 DEATH PENALTY PROCEEDINGS: APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 02/12)

1. CIR./DIST./DIV. CODE	2. PERSON REPRESENTED <b>ALFRED LOPEZ</b>			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>CR 18-609-7(RJD)</b>	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER	
7. IN CASE/MATTER OF (Case Name) <b>U.S.A. -v- SHELTON</b>		8. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Habeas Petitioner <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Appellant		9. REPRESENTATION TYPE <input type="checkbox"/> D1 28 U.S.C. § 2254 Habeas (Capital) <input type="checkbox"/> D4 Other (Specify) _____ <input type="checkbox"/> D2 Federal Capital Prosecution <input type="checkbox"/> D7 State Clemency <input type="checkbox"/> D3 28 U.S.C. § 2255 (Capital) <input type="checkbox"/> D8 Federal Clemency	
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <b>18 U.S.C. 1958(a), 18 U.S.C. 924(j)(1)</b>					
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  <b>BOBBI C. STERNHEIM, ESQ.</b> Bobbi Sternheim, Esq. 33 West 19th Street 4th Floor New York, New York 10010  Telephone Number: <b>(212) 243-1100</b>		12. COURT ORDER: <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel <input type="checkbox"/> Y Standby Counsel			
		Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications by law, is appointed to represent the person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input checked="" type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: <b>Mark DeMarco</b> Appointment Date: <b>6/18/2019</b> (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead in counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case and the anticipated hardship on counsel in undertaking representation full-time, for such a period without compensation interim payments of compensation and expenses are approved pursuant to the attached order. s/ Raymond J Dearie			
		Signature of Presiding Judge or By Order of the Court <b>6/28/2019</b> <b>6/28/2019</b> Date of Order   Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>CLAIM FOR SERVICES AND EXPENSES</b>					
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.					
CAPITAL PROSECUTION		HABEAS CORPUS		OTHER PROCEEDING	
a. <input type="checkbox"/> Pre-Trial	c. <input type="checkbox"/> Appeal	g. <input type="checkbox"/> Habeas Petition	k. <input type="checkbox"/> Petition for the U.S. Supreme Court	i. <input type="checkbox"/> Stay of Execution	o. <input type="checkbox"/> Other (Specify)
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the U.S. Supreme Court	gg. <input type="checkbox"/> State Court Appearance	h. <input type="checkbox"/> Evidentiary Hearing	m. <input type="checkbox"/> Appeal of Denial of Stay	p. <input type="checkbox"/> Clemency
c. <input type="checkbox"/> Sentencing		i. <input type="checkbox"/> Writ of Certiorari	j. <input type="checkbox"/> Dispositive Motions	n. <input type="checkbox"/> Petition for Writ of Certiorari to the U.S. Supreme Court Regarding Denial of Stay	
d. <input type="checkbox"/> Other Post Trial					
<b>HOURS AND COMPENSATION CLAIMED</b>					
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
a. In-Court Hearings (RATE PER HOUR = \$ )		0.00			IN COURT TOTAL Category a 0.00
b. Interviews and Conferences with Client					
c. Witness Interviews					
d. Consultation with Investigators & Experts					
e. Obtaining & Reviewing the Court Record					
f. Obtaining & Reviewing Documents and Evidence					
g. Consulting with Expert Counsel					
h. Legal Research and Writing					
i. Travel					
j. Other (Specify on additional sheets)					
TOTALS: Categories b thru j (RATE PER HOUR = )	0.00	0.00	0.00		
<b>TRAVEL AND EXPENSES (Attach itemization of expenses in detail)</b>					
16. Travel Expenses (lodging, parking, meals, mileage, etc.)					
17. Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS CLAIMED AND ADJUSTED</b>			0.00	0.00	
18. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE			19. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		20. CASE DISPOSITION
FROM: _____ TO: _____					
21. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____			<input type="checkbox"/> Supplemental Payment		
Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO   If yes, give details on additional sheets.					
I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney _____ Date _____					
<b>APPROVED FOR PAYMENT</b> COURTS USE ONLY					
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSES	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED <b>\$0.00</b>	
27. SIGNATURE OF THE PRESIDING JUDGE			DATE	27a. JUDGE CODE	